

Work Order ID 88785***88785***

August-03-12 7:46:35 AM

Page 1

Item ID: D412-664-203TRN

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Crosstube Turning Detail

Stop

NS2

Start Date: 03/08/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 17/08/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: MLJDate: 12/08/03 Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D412-664-243	Rev E(DEO)								
100		0.00							

100

Mori Seiki

Mori Seiki CNC Lathe Large

Memo

0.00

1-Fill tube with sand & install plugs DT8534 on both ends as per Folio FA166
2-Turn first side as per Folio FA166

3- File transition lines smooth.

FOLIO REV: ADWG REV: E

110

QC1- Inspect dimensions to dimension sheet

0.00

110

QC

Quality Control

Memo

0.00

man L
12/08/08man L
12/08/08

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS														
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
NCR No. _____		Work Order Update <input type="checkbox"/>																	
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial	Action Description			Sign & Date	Verification		QC Inspector						
Doc/Data						Chief Eng													
Equip/Tooling																			
Operator																			
Material																			
Setup																			
Other																			
Process																			
Supplier																			
Training																			
Unapproved																			
FAULT CATEGORY																			
Landing Gear				General															
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions											
								<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge											
								<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled											
								<input type="checkbox"/> Other											

Work Order ID 88785***88785***

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Start

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Revision ID:

Item Name: Crosstube Turning Detail

Stop

NS2

Start Date: 03/08/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 17/08/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* Mori Seiki	MORI SEIKI CNC LATHE LARGE Memo 1-Turn second side as per Folio FA166 2- File transition lines smooth. 3- Remove sand and plugs 4-Scribe part # and batch # using vibrating stilus FOLIO REV: <u>A</u> DWG REV: <u>E</u>	0.00							<i>MMNL</i> <i>12/08/08</i>
130 *130* QC Quality Control	QC1- Inspect dimensions to dimension sheet Memo + PERFORM ULTRA SONIC MEASUREMENT	0.00							<i>MMNL</i> <i>12/08/08</i>
140 *140* QC Quality Control	QC8- Inspect parts - second check Memo + CHECK ULTRA SONIC MEASUREMENT AND ORIENTATION FOR BENDING	0.00	<i>DA 16</i>	<i>120814</i>					<i>JW</i> <i>12-8-14</i>

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS									
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 88785

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88785

Page 3

Item ID: D412-664-203TRN

Accept

N900040100

Setup Start

NS1**Revision ID:****Item Name:** Crosstube Turning Detail

Stop

NS2**Start Date:** 03/08/2012 **Start Qty:** 1.00***1*****Cust Item ID:****Required Date:** 17/08/2012 **Req'd Qty:** 1.00***1*****Customer:****Reference:**

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
						Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
145 *145* Crosstubes	Memo	0.00							<i>Rm 12-8-14</i>
	GRIND ONLY TRANSITION LINES SMOOTH LONGITUDE WAY.								
150 *150* HandFXtube Hand Finishing Crosstubes	Memo	0.00							<i>JW 12-8-19</i>
	1- PRESSURE WASH X-TUBE INSIDE AND OUT								
	2- ACID ETCH X-TUBE INSIDE AND OUT. USE RED SCOTCH BRITE								
160 *160* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00	<i>DAS</i> <i>16</i> <i>8-8</i>	<i>12/08/12</i>					

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____ NCR No. _____		<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge					
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other					

Work Order ID 88785

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Page 4

Item ID: D412-664-203TRN

Accept

N900040100

Setup

Start

NS1**Revision ID:****Item Name:** Crosstube Turning Detail

Stop

NS2**Start Date:** 03/08/2012 **Start Qty:** 1.00***1*****Cust Item ID:****Required Date:** 17/08/2012 **Req'd Qty:** 1.00***1*****Customer:****Reference:**

Approvals:	Process Plan: _____	Date: _____	Tooling: _____	Date: _____	Run	Start	*NR1*
	QC: _____	Date: _____	SPC (Y/N): _____	Date: _____		Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170 *170* Packaging	Packaging Memo Identify and stock in kanban rack Location: <u>6</u>	0.00	MO	12/8/20					
180 *180* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00							MLJ 12/08/20

MLJ 12/08/20

MLJ 12/08/20

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____		Work Order Update <input type="checkbox"/>			Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
					Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
					Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>		
Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>						
Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>								
Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

Picklist Print

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Page 1

Work Order ID: 88785

88785
D412-664-203TRN

Parent Item: D412-664-203TRN

Parent Item Name: Crosstube Turning Detail

Start Date: 03/08/2012

Required Date: 17/08/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A 08-03-06 new issue DD verified by:eec
 IPP Rev B 08.04.02 Removed polish EC verified by: DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D6009-129		Manufactured	No			120	Each	12.0000	1	1		**	

D6009-129

Crosstube Material

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
LG	12	
6980	12	1 mm.l 12/08/07

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks <input type="checkbox"/>				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped. <input type="checkbox"/>				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs <input type="checkbox"/>				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat <input type="checkbox"/>				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube <input type="checkbox"/>				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
Ripples in Bend <input type="checkbox"/>				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>		Other <input type="checkbox"/>				
Torque Waves in Extrusion <input type="checkbox"/>				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence <input type="checkbox"/>				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube <input type="checkbox"/>				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

DART AEROSPACE LTD	Work Order:	88785
Description: Crosstube Assembly (412 High Aft)	Part Number:	D412-664-243
Inspection Dwg: D412-664-243 Rev: E		Page 1 of 2

FIRST ARTICLE INSPECTION CHECKLIST

Inspection Sheet Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
SIDE A	2.684	+0.005/-0.000	2.684	✓	vern	cwc-08
	2.748	+0.005/-0.000	2.752	✓		
	2.884	+0.005/-0.000	2.888	✓		
	3.019	+0.005/-0.000	3.024	✓		
	3.163	+0.005/-0.000	3.167	✓		
	3.308	+0.005/-0.000	3.313	✓		
	3.429	+0.005/-0.000	3.433	✓		
	2.990	+0.005/-0.000	2.992	✓		
	2.618	+0.005/-0.000	2.622	✓		
	0.200	+/-0.010	.200	✓	vern	cwc-08
	R0.063	+/-0.010	.063	✓	RG	
	R0.500	+/-0.010	.500	✓		11
	4.971	+/-0.030	4.971	✓	vern	cwc-08
SIDE B	2.684	+0.005/-0.000	2.684	✓	vern	cwc-08
	2.748	+0.005/-0.000	2.753	✓		
	2.884	+0.005/-0.000	2.889	✓		
	3.019	+0.005/-0.000	3.024	✓		
	3.163	+0.005/-0.000	3.167	✓		
	3.308	+0.005/-0.000	3.313	✓		
	3.429	+0.005/-0.000	3.433	✓		
	2.990	+0.005/-0.000	2.992	✓		
	2.618	+0.005/-0.000	2.623	✓		
	0.200	+/-0.010	.200	✓	vern	cwc-08
	R0.063	+/-0.010	.063	✓	RG	
	R0.500	+/-0.010	.500	✓		11
	4.971	+/-0.030	4.971	✓	vern	cwc-08
	124.100	+/-0.020	124.100	✓	tape	LG-22

DART AEROSPACE LTD

Work Order:

88785

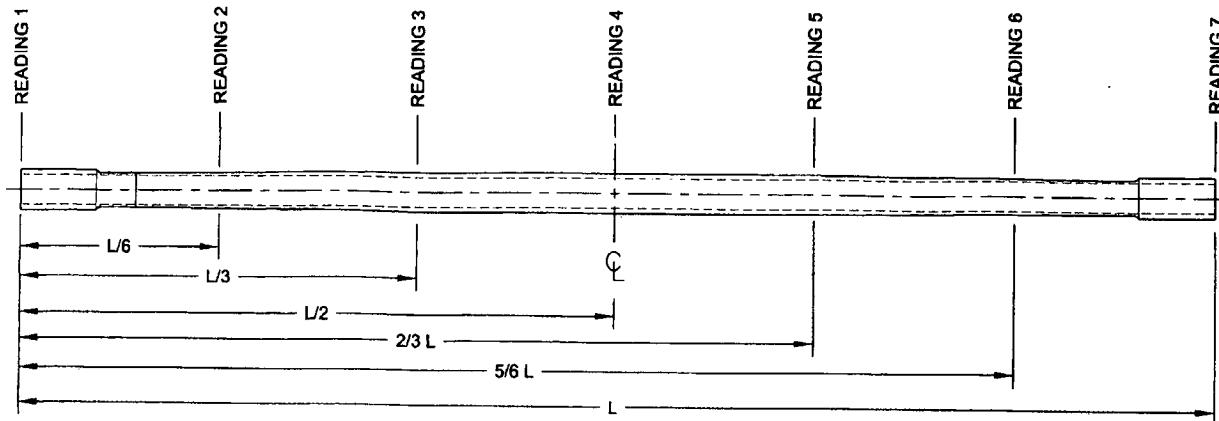
Description: Crosstube Assembly (412 High Aft)

Part Number:

D412-664-243

Inspection Dwg: D412-664-243 Rev: E

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WALL THICKNESS MEASUREMENT

Location	WALL THICKNESS MEASUREMENT (IN)				Deviation Δw (max-min)	TOLERANCE
	w1	w2	w3	w4		
READING 1 L= 0"	.362	.366	.391	.384	.029	
READING 2 L= 19	.290	.290	.315	.316	.026	
READING 3 L= 39	.452	.460	.478	.472	.026	
READING 4 L= 62	.620	.626	.643	.635	.623	0.073"
READING 5 L= 91	.455	.459	.473	.474	.018	
READING 6 L= 19	.296	.298	.308	.316	.014	
READING 7 L= Cuff	.361	.369	.385	.382	.021	

Calibration ResultActual Block Thickness: 250-750Sitescan 250 Measured Thickness: 250-750

Measured by:	<i>MM, L</i>	Audited by:	<i>JW/ DAS</i>	Preliminary Approval:	
Date:	<i>12/08/08</i>	Date:	<i>12-8-14</i>	<i>16</i>	<i>11/08/14</i>

Rev	Date	Change	Revised by	Approved
A	04.06.16	New Issue (P/O D412-664-203)	KJ/JLM	
B	06.03.09	Dwg Rev updated	KJ/JLM	
C	07.05.08	Tolerance updated for dimension 4.971	KJ/JLM	
D	10.02.02	Dimension 124.100 was 124.09	KJ	
E	12.06.04	Wall thickness form added	KJ	<i>MM</i>

Item	Qty	Part Number	Description
1	X	D412-664-243	CROSSTUBE ASSEMBLY (412 HIGH AFT)
2	1	D6009-129	CROSSTUBE
3	2	D3595-063-570	RUBBER CUSHION
4	1	D2896-1	SUPPORT
5	2	D3189-1	CHAFING SHIELD
6	2	D2856-600-1009	ABRASION STRIP
7	4	MS21920-28	CLAMP
8	2	MS21920-30	CLAMP (OR MS21920-32)
9	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)

GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6009-129
FINISHED LENGTH = 124.100±0.020 (BEFORE BENDING/TRIMMING)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D412-664-243" AND BATCH NUMBER ON INSIDE OF CUFF USING VIBRATING STYLUS.
- 7) WEIGHT: 47.0 lbs (PER IIN-D212-664)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 8 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2896-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2896-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-30 CLAMPS (OR -32) WITH D3595-063-570 RUBBER CUSHIONS TO SECURE THE D2896-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE SUPPORT.
- 14) INSTALL D2856-600-1009 ABRASION STRIPS WITH A 0.13 REF GAP ON BOTTOM SIDE OF CROSSTUBE PER QSI 035.
- 15) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 16) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

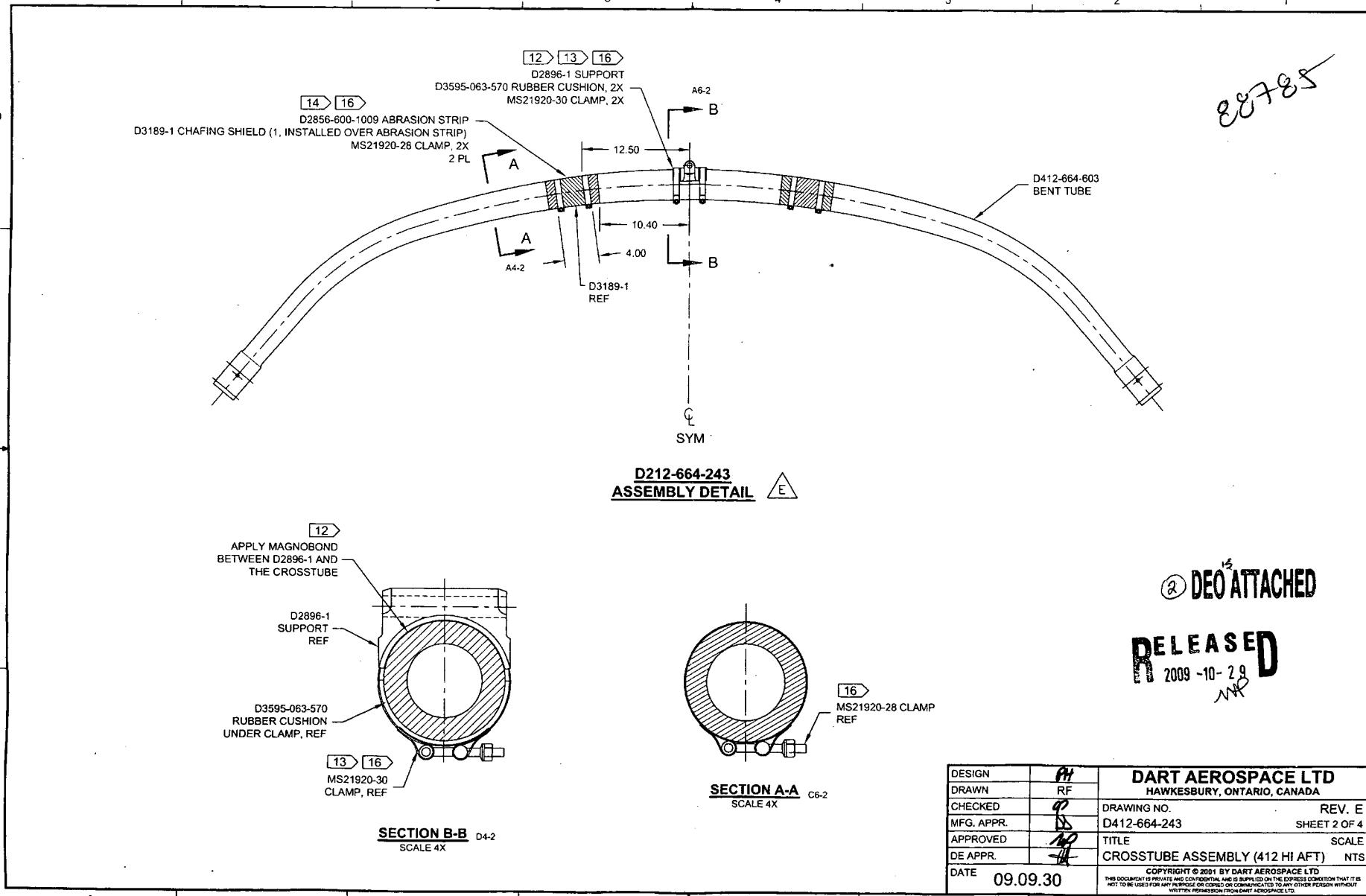
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12/08/03

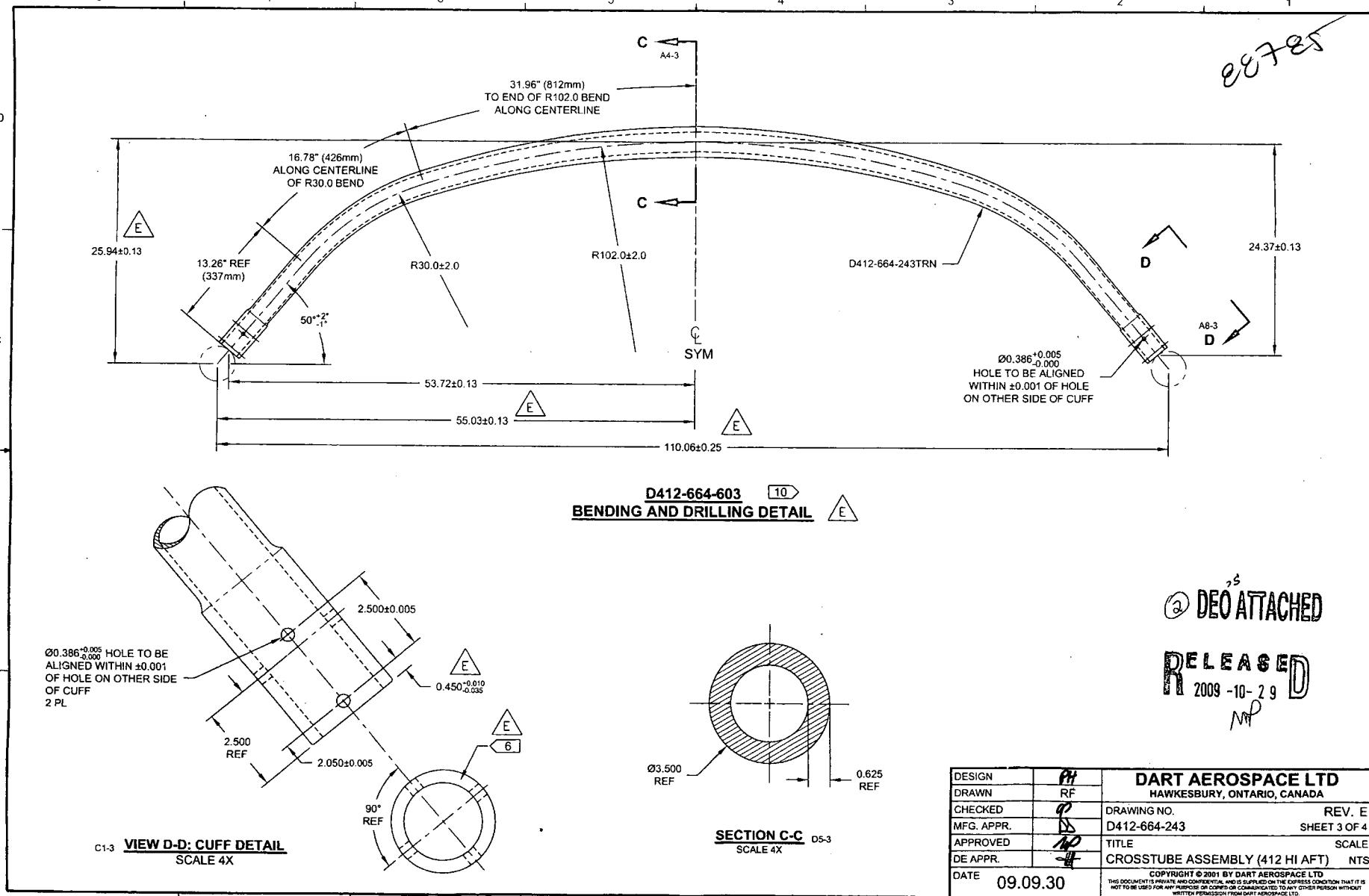
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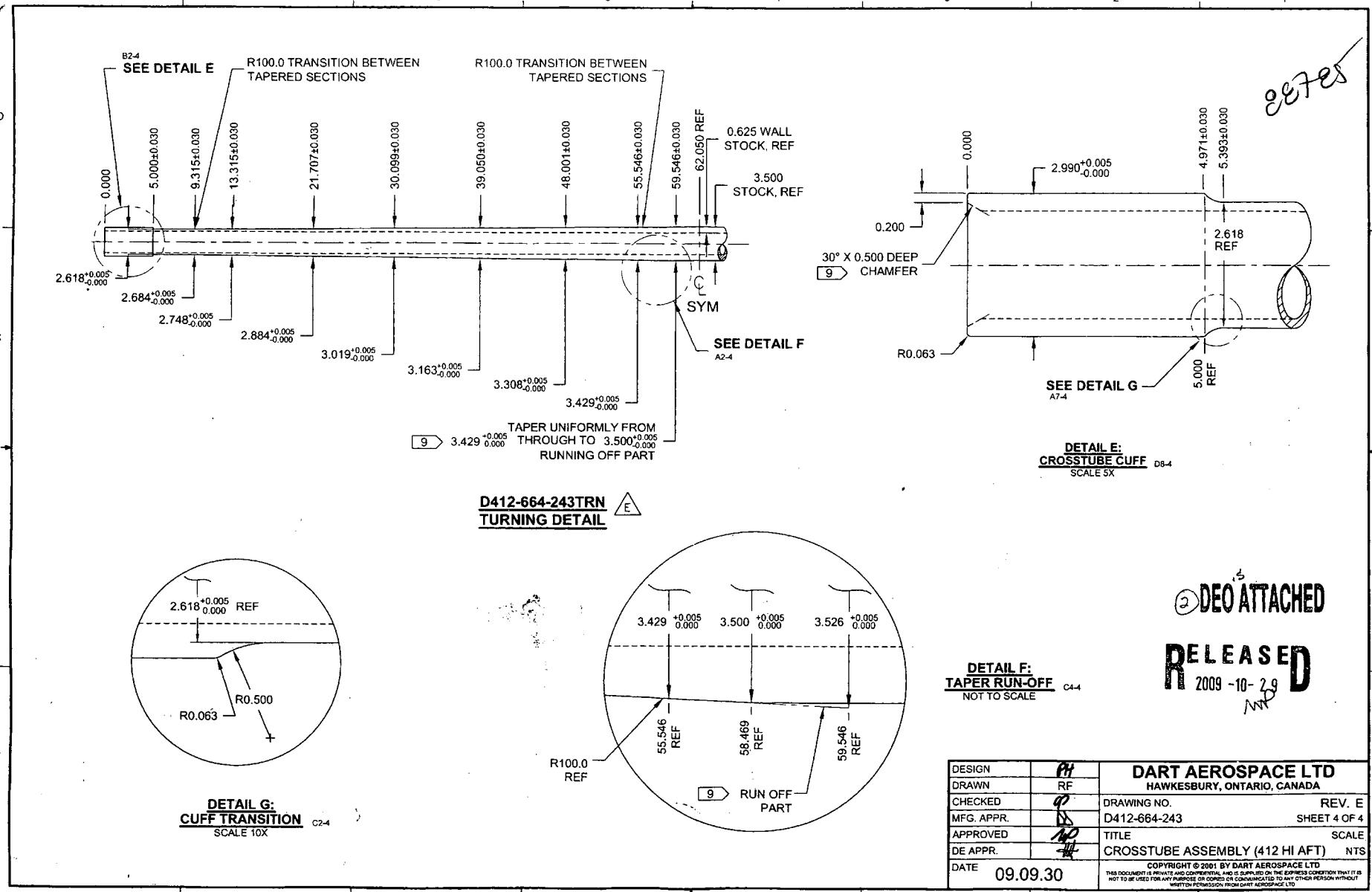
RELEASED
2009-10-29
VMP

E	REFORMAT/REVISE GENERAL NOTES; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; RELOCATED FLAG #6 PER PAR 08-046 (ZN A6-3); ADD TOLERANCE (ZN B6-3, C4-3, C8-3 & C5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4.	RF	09.09.30
D	REMOVE D2732-058, CHANGE TO D3595-063-570	PH	07.03.09
C	REMOVE D2856-600-1087, ADD D2732-058 & MAGNOBOND 6398, MS21920-32 WAS MS21920-30	MB	06.10.27
B	ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES	PH	05.02.04
A	NEW ISSUE	PH	01.10.17
REV.	DESCRIPTION	BY	DATE
DESIGN	PH	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	PP	DRAWING NO.	REV. E
MFG. APPR.	DS	D412-664-243	SHEET 1 OF 4
APPROVED	MM	TITLE	SCALE
DE APPR.	MM	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
DATE	09.09.30	COPYRIGHT © 2001 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OTHER THAN THAT FOR WHICH IT WAS PROVIDED WITHOUT PERMISSION FROM DART AEROSPACE LTD.	



DESIGN	PH	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA
DRAWN	RF	DRAWING NO. D412-664-243
CHECKED	PP	REV. E SHEET 2 OF 4
MFG. APPR.	DS	
APPROVED	NP	TITLE CROSSTUBE ASSEMBLY (412 HI AFT) NTS
DE APPR.	NP	SCALE
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RELEASED
2009-10-29
NTP

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	Q	DRAWING NO.	REV. E
MFG. APPR.	DA	D412-664-243	SHEET 4 OF 4
APPROVED	AP	TITLE	SCALE
DE APPR.	#	CROSSTUBE ASSEMBLY (412 HI AFT) NTS	
DATE	09.09.30	COPYRIGHT © 2001, BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL. DO NOT COPY OR DISTRIBUTE IT. IT IS NOT TO BE USED FOR ANY PURPOSE OR COMES OR COMMUNICATED TO ANY OTHER PERSON WITHOUT THE EXPRESS WRITTEN CONSENT OF DART AEROSPACE LTD.	

DRAWING NO. D412-664-243	TITLE CROSSTUBE ASSEMBLY (412 HI AFT)	REV. E	DART AEROSPACE LTD ENGINEERING ORDER	D.E.O. NO. D412-664-243-E-1	SHEET NO. SHEET 1 OF 2	SCALE NTS
DRAWN <i>JK</i>	CHECKED <i>JK</i>	MFG. APPR. <i>E</i>	APPROVED <i>JK</i>	DE APPR. <i>JK</i>		
DATE 11.03.31	DATE 11/03/31	DATE 11.03.31	DATE 11/03/31	DATE 11.03.31	DATE 11-03-31	

PURPOSE:

REMOVED ABRASION STRIP IN FAVOR OF A THIN LAYER OF PROSEAL 890.

207es

CHANGE:

PARTS LIST IS AMENDED AS FOLLOWS:

IS:

Item	Qty -243	Part Number	Description
6	0	D2856-600-1009	ABRASION STRIP

WAS:

6	2	D2856-600-1009	ABRASION STRIP

NOTES 2 AND 14, SHEET 1 ARE AMENDED AS FOLLOWS:

IS:

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
MASK UNDERSIDE OF CROSSTUBE AS SHOWN (HATCHED AREA)
PAINT OUTSIDE PER DART QSI 005 4.2
AFTER PAINTING, APPLY CLEAR COAT ON HATCHED AREA
- 14) APPLY A THIN COAT OF PROSEAL 890 ON INSIDE CONCAVE SURFACE OF D3189-1 CHAFING SHIELD AND LET CURE PER MANUFACTURER'S INSTRUCTIONS. INSTALL PROSEALDED D3189-1 CHAFING SHIELD ONTO CROSSTUBE BY APPLYING A THIN COAT OF PROSEAL 890 ONTO CROSSTUBE. BE SURE TO ELIMINATE ANY AIR GAPS.

WAS:

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 14) INSTALL D2856-600-1009 ABRASION STRIPS WITH A 0.13 REF GAP ON BOTTOM SIDE OF CROSSTUBE PER QSI 035.

*RELEASED
2011-04-07
JKD*

DRAWING NO. D412-664-243	TITLE CROSSTUBE ASSEMBLY (412 HI AFT)	REV. E	DART AEROSPACE LTD ENGINEERING ORDER	D.E.O. NO. D412-664-243-E-1	SHEET NO. SHEET 2 OF 2	SCALE NTS
DRAWN <i>jk</i>	CHECKED <i>MAP</i>	MFG. APPR. <i>EE</i>	APPROVED <i>MD</i>	DE APPR. <i>MAP</i>		
DATE 11.03.31	DATE 11.03.31	DATE 11.03.31	DATE 11.03.31	DATE 11.03.31	DATE 11.03.31	<i>gates</i>

IS:

D3189-1 CHAFING SHIELD (1, INSTALLED OVER PROSEAL 890)
MS21920-28 CLAMP, 2X
2 PL

D412-664-603
BENT TUBE

2.00

1.00

16 14

WAS:

14 16

D2856-600-1009 ABRASION STRIP
D3189-1 CHAFING SHIELD (1, INSTALLED OVER ABRASION STRIP)
MS21920-28 CLAMP, 2X
2 PL

D3189-1
REF

D412-664-243
ASSEMBLY DETAIL

RELEASED
2011-04-07
MD

MASK AREA PRIOR TO PAINTING AND
APPLY CLEAR COAT AFTER PAINTING

2.00

2

C
SYM

DRAWING NO. D412-664-243	TITLE CROSSTUBE ASS'Y (412 HI AFT)	REV. E	DART AEROSPACE LTD ENGINEERING ORDER	D.E.O. NO. D412-664-243-E-2	SHEET NO. SHEET 1 OF 1	SCALE NTS
DRAWN <i>9</i>	CHECKED <i>ASS</i>	MFG. APPR. <i>ER</i>	APPROVED <i>MP</i>	DE APPR. <i>TH</i>		
DATE 11.09.07	DATE 11.09.19	DATE 11.09.19	DATE 11.09.19	DATE 11.09.19	DATE 11.09.19	

PURPOSE:

REPLACE MAGNOBOND WITH 3M DP460 SCOTCH-WELD EPOXY ADHESIVE

Ex7es

CHANGE:

IS:

Item	Qty	Part Number	Description
	-243		
9	A/R	SCOTCH-WELD DP460	EPOXY ADHESIVE, 3M SCOTCH-WELD

WAS:

9	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
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NOTE 12 & 16, SHEET 1 IS AMENDED AS FOLLOWS:

IS:

12) INSTALL D2896-1 CENTER SUPPORT USING A 0.04" TO 0.07" THICK LAYER OF SCOTCH-WELD DP460 PER QSI 015. LET CURE FOR 24 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.

16) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER ADHESIVE HAS CURED FOR 24 HOURS.

WAS:

12) INSTALL D2896-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2896-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.

16) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

RELEASED
2011-09-29
MP

